2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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DOCUMENT # **P9800063067** Apr 24, 2000 8:00 am Secretary of State AVANTI ENTERPRISE, INC. 04-24-2000 90112 048 ***150.00 Mailing Address Principal Place of Business 8000 NW 31ST #3 8000 NW 31ST #3 MIAMI FL 33122-1049 MIAMI FL 33122 a ddress 2. Principal Place of Business 3. Mailing Address 9579 NW Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0850889 Thiam; Not Applicable Country Zio クタノンユ \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 39111 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUTIERREZ, MEDARDO E** Street Address (P.O. Box Number is Not Acceptable) 8000 NW 31ST #3 MIAMI FL 33122 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition TITLE ☐ Delete TITLE NAME NAME **GUTIERREZ. MEDARDO** NW B AV. STREET ADDRESS STREET ADDRESS 7750 SW 51 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 ☐ Addition Change ☐ Delete TITLE TITLE D NAME NAME CLIMASTONE, LUIGI 359 NW 82 AV STREET ADDRESS STREET ADDRESS 8000 NW 31ST #3 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 ☐ Addition ☐ Delete TITLE TITLE 3579 NW 8381 7913mj F1. 93122 NAME NAME HERNANDEZ, JOSE A STREET ADDRESS STREET ADDRESS 8000 NW 31ST #3 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 □ Addition TITLE ☐ Delete 3579 NW 82 AV NAME NAME FERRER, HILDEMARO STREET ADDRESS STREET ADDRESS 8000 NW 31ST #3 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #